

**Strong Communities —
Strong Support:**

**A Call to Action to
Strengthen the
Developmental
Disabilities Direct
Support Workforce in
West Virginia**



A Plan Developed by

the West Virginia Developmental Disabilities
Workforce Development Team

December 2004

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The views represented in this report do not necessarily represent the view of the funding agency, the West Virginia Developmental Disabilities Council, or its primary funder, the federal Administration on Developmental Disabilities.

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Developmental Disabilities Direct Support Professionals: A Vital Community Resource

Direct support professionals (DSPs) are the people who weave a wide web of support and comfort for people with developmental disabilities or other challenging life circumstances living in every community. The growth, dreams, productivity and well-being of people with developmental disabilities and their families are at risk because we are losing the “human touch” – the direct support professionals who provide the valuable service of their help and counsel to others.

Direct support professionals play a critical role in the lives of people with developmental disabilities and their families. Finding and keeping quality people in developmental disabilities direct support workers has become the #1 workforce problem in the West Virginia developmental disabilities system.

Direct support professionals play a critical role in the lives of people with developmental disabilities and their families. Finding and keeping quality people in direct support jobs has become one of the greatest workforce challenges in the West Virginia developmental disabilities system and across the nation.

This problem threatens the vision of the full inclusion and participation of all people with developmental disabilities in every day community life. Low wages and limited training and development opportunities are factors that have led to difficulty in attracting and retaining quality workers. These job conditions set the stage for custodial care by creating conditions for minimum wage, minimum commitment labor. The custodial approaches that are characteristic of the untrained workforce limit the growth of self-determination and community participation among people with developmental disabilities.

Trained and effective developmental disabilities direct support professionals offer assistance to people in a responsive, respectful, and skillful manner. The assistance they provide includes help with many life activities such as paying bills,

getting a job, doing laundry, and meeting friends. They also facilitate connections to people, resources and experiences necessary for families and individuals to live fully and comfortably in our neighborhoods and communities. Indeed, the health and safety of many vulnerable people depend as well on the quality of these supports.

Many people with developmental disabilities require long term or intermittent support either due to conditions associated with their disability or the vulnerabilities that emerge with age, unemployment, problems with substance abuse, poverty, or family conditions. In the future the need for direct support is expected to grow significantly. For these reasons, skilled DSPs are vital and central to the quality of life in our communities and represent an important resource that must be nurtured and strengthened.

Goals of this Plan

The goals of this workforce development plan are to:

- ✓ provide essential information about the growing shortage of developmental disabilities direct support professionals in West Virginia; and,
- ✓ outline an agenda of short term and longer term workforce development solutions to assure the availability of high quality community support to those who need it.

The plan was developed by the West Virginia Workforce Development Team (WDT), a group of policy leaders and other stakeholders including advocates, providers, self-advocates and family members. Its mission is to provide essential information about the problems facing the direct support workforce and to outline strategic responses to those problems. The issues and barriers the report explores include:

- Current direct support workforce conditions: recruitment, retention, career and professional development, and quality;
- Factors that are driving high demand for more community based human services;
- Barriers to workforce recruitment created by the projected growth in direct support jobs and limits of the available labor supply;
- Vision and strategies for a stronger community direct support workforce.

This information is the result of a year of research, dialogue and strategic planning undertaken with the support of the West Virginia Developmental Disabilities Council. In preparing this plan, West Virginia joins the ranks of a small but progressive group of leading states who are confronting current direct support problems to build a more positive future for people with developmental disabilities.

This workforce development plan signifies that West Virginia is deeply concerned about the current and future status of the direct support available to people with developmental disabilities and is committed to the goal of **“stronger communities through stronger support.”** We will disseminate this plan broadly and work closely with the Governor, state legislators, state administrators, direct support professionals, service providers, advocates, families, and people with developmental disabilities to implement its recommendations.

Workforce development refers to the planful activities that help an industry secure an ample, qualified and stable core of workers. Within the developmental disabilities field, workforce development must focus on the direct support workers who represent 80% of the developmental disabilities workforce. Useful workforce development strategies include:

- ✓ *Building career paths within direct support and from direct support to other roles*
- ✓ *Marketing the role of direct support and the human service field*
- ✓ *Securing a “living wage” for the workforce*
- ✓ *Providing relevant and effective training and education*
- ✓ *Helping employers improve recruitment and retention practices*
- ✓ *Developing reliable measures to profile the status of the workforce*

Current Conditions

Who will be there to provide support? The Status of Recruitment and Retention of the Developmental Disabilities Direct Support Workforce

Concerns about staff turnover of the direct support developmental disabilities workforce have clouded the community support system since its rapid expansion starting in the 1970's. Nationally, destabilization of this workforce characterized by mounting vacancy rates and turnover has intensified over the past decade. This is partly due to the vast expansion of service related jobs created by the robust post-industrial economy, coupled with a national labor force that is insufficiently large to meet the demand for new jobs. These conditions are intensified in West Virginia where interstate migration patterns show 16% of those ages 20 to 29 are leaving the state while only 13% of that age group are coming to West Virginia. (Bowling, 2003), making it harder to find young people and others to fill entry level service jobs.

The current national consensus among leaders of community based developmental disabilities employers is that the difficulty in recruiting and retaining a quality workforce has led to a level of workforce destabilization that has reached crisis proportions and is eroding the quality of support rendered throughout the system.

Little scientific evidence exists to link workforce stability to effects on consumer lives; however, there is a growing body of literature documenting conditions that put people with developmental disabilities at risk. These include: high turnover, difficulties finding workers, and problems with the skills and knowledge of the workforce. Workforce concerns have emerged as a predominant theme in national and regional developmental disabilities conferences and in the technical literature of the field, especially within the past five years.

Few formal studies of the link between safety and staffing have been done, but in recent years there have been exposes in the popular press spotlighting conditions of abuse and neglect in both community and institutional settings that are disturbing echoes of the conditions provoking major system reforms in the 70's and 80's in institutional settings. These stories, despite their obvious lack of research method, become one of the few indicators of the overall health of the system since so little research is conducted to determine the connection between quality and direct support. By this measure the developmental disabilities field is experiencing conditions that not only limit therapeutic outcomes but also pose conditions of greater risk for people receiving support.

When workers come and go and I have to work with many new staff, I feel uncomfortable and I don't feel like I can trust them to keep the things I say confidential.

*James Meadours
Opportunities for
Excellence, p.45*

Along with stabilizing and improving the quality of the existing workforce, it will also be critical to find ways to attract new recruits into the field as the following projections and facts suggest.

The Bureau of Labor Statistics projects a 42% increase in the number of jobs needed by 2010 in social services. This growth rate is more than twice the average rate of all other industries (15%) of all other industries (Bureau of Labor Statistics, 2002-3 (1)). At the same time, the growth of the available labor force in America will not keep pace with the demand to fill new and existing jobs. Many jobs will therefore be filled by workers from other countries. One implication is that it will be necessary to offer more basic education training (reading and writing) and assure that organizations are culturally competent. Currently less than 1% of businesses in America offer basic education for their employees (Donahue, Lynch and Whitehead, 2000).

Given existing labor data bases, it is not possible to determine the growth rate for that sector of human service direct support jobs specific to developmental disabilities but the growth rates for the overall human services area provide a reasonable approximation for growth of jobs within the developmental disabilities sector.

The service sector of our economy will account for most job growth over the next decade when compared with other industrial sectors of the US economy producing 3 of every 5 new jobs created in our economy. This means that developmental disabilities employers will be in *intense competition* with other service sector employers including other health and human service sector employers for entry and mid level employees as these facts gleaned from US Department of Labor data suggest:

- The service sector will add 13.7 million new jobs by 2010.
- 2.8 million of these service jobs will be health related.
- An additional .8 to 1.2 million new jobs will be added in social and human services even as vacancy rates for existing jobs average around 7-15% nationally. (Growth estimates vary depending on the data set that is used Bureau of Labor Statistics 2002-3; Bureau of Labor Statistics, Occupational Employment Statistics, 2000).
- A recent study by the Anne E. Casey Foundation states that there are 7 million child and youth workers in the United States. Developmental disability employers will be competing with the employers of this group of workers as well as with other service sector employers to fill the growing number of necessary jobs.
- The growth of the available labor force in America will not keep pace with the demand to fill new and existing jobs.
- West Virginia has fewer young people than other states entering the work force and a higher proportion of people moving toward retirement.
- Factors driving the projected high need for developmental disability direct support professionals include the aging population (improvements in health care have extended life span of people with developmental disabilities nationally); rapid growth of autism spectrum disorders throughout the world; and the continued trend of a higher rate of developmental disabilities in West Virginia than the rest of the country.

Much of Stephanie's success so far in life is attributable to the dedication, caring and skills of many of the direct care people she has worked with. Many of her greatest heartaches are also attributable to the direct care people she has worked with.

Holly Fields, Parent Opportunities for Excellence, p. 61

The exact number of developmental disabilities direct support professionals nationally and in West Virginia is not known – this lack of core data impedes planning for the critical shortages suggested by labor projections. Nationally, estimates suggest that there are 335,000 paid full time equivalent (FTE) direct support workers in institutional and community residential settings. Another 275,000 direct support workers are estimated in special education settings and 400,000 home health aides/personal care assistants (Hewitt, O’Neill & Larson, 1996).

The most accurate estimate of the number of DSPs serving people in West Virginia is found in by counting the number of staff funded through the Home and Community Based Waiver program in West Virginia which totals 5,749 DSPs. West Virginia mirrors the national scene in the high growth demand for direct support professionals and the potential labor shortages. The table in Appendix A ¹ identifies the short term (2 year) projected growth rates of 32 community based human services and health related occupations in West Virginia. Taken together ² these occupations average a projected growth rate of 2.18%.

These data show that the growth rates for community based human services and health care occupations are significantly higher than the average growth predicted for all other occupations in West Virginia (.49%). When we focus specifically on those occupations most closely representative of direct support roles “Social and Human Service Assistants,” “Home Health Aides,” and “Personal and Home Care Aides” (see shaded rows in the table), the magnitude of projected growth increases dramatically when compared with all other occupations. The demand for “Social and Human Service Assistants”, the most closely related category, was projected to grow by 5.15% in a two year period, 10 times faster than the average growth rate of all other occupations in West Virginia. Home Health aides grew by 3.7% in the same two year period and Personal and Home Care Aides by 5.46%.

One of the greatest challenges faced by provider organizations, individuals and families is finding a sufficient number of reliable employees who will show up on time and when scheduled to provide direct supports.

*Amy Hewitt
Impact, Spring 2004*

Looking at the fifteen fastest growing occupations in West Virginia (see Appendix B) over the long run (to 2010) “Social and Developmental disability Assistants” and “Personal and Home Care Aides” rank 12th and 13th respectively (West Virginia bureau of Employment Programs: Employment Statistics).

The demand to fill newly created jobs will place enormous stress on services at community agencies that currently have difficulties filling vacancies. Meeting the challenge of keeping our communities strong through a strong and qualified community support workforce requires multiple interventions that are strategically organized on a statewide level.

¹ These data represent human services and health care occupations derived from a table of all occupations in West Virginia provided by the West Virginia Bureau of Employment Programs: Employment Statistics <http://www.state.wv.us/bep/lmi/ocproj/shortterm/state.HTM>
² The averaged sum excludes the category of “managers” which was included only for comparison purposes with the category of social and community service managers.

The magnitude of direct support turnover in West Virginia is not known. At the national level, a recent survey reported that annual turnover rates for over one fourth of provider organizations exceed 40%. The same study found that over 84% of direct developmental disabilities providers reported difficulty with filling staff openings and reported that across the country providers are operating with approximately 20% of their positions vacant (Reno & Rose, 1999). The 40% annual turnover rate is also the average turnover rate among child welfare workers in private agencies as well as center based child-care teachers. Another national study of labor conditions in developmental disabilities residential service settings identified a 25% *increase* in turnover in private community facilities in the decade ending with the study (Braddock and Mitchell, 1992).

There are significant social and fiscal costs associated with turnover of direct support professionals to pay for recruiting and training new direct support employees. Current available information suggests that the costs to replace a direct support employee range from \$2000 to \$5000 per person (Fullager, 1998; Johnston, 1998; McDonald, 1994). The fiscal costs, however, pale in comparison to the emotional toll and the impact on quality that the difficulty in recruiting and the high turnover of direct support staff takes on the lives of people who need daily support.

An evaluation of Home and Community Based Waiver Services in the state of Minnesota (Hewitt, Larson & Lakin, 2000), reported that a significant proportion of waiver resources were not used because families were unable to find people to provide in-home supports. It is likely that this is the case in many other states. Indeed, family members of the West Virginia Developmental Disabilities Council have raised this issue as a concern in West Virginia.

In Montana a study undertaken by the Montana Developmental Disabilities Planning Advisory Council (2001) reported turnover during the year 2000 as 81% and asserted that turnover was affecting quality. The University of Montana validated these findings and found that “turnover was a significant predictor of increased limitation associated with secondary conditions; of more injury-related secondary conditions; of higher rates of health care utilization; and to higher Medicaid costs” (Traci, M.A., Szalda-Petree, A., & Seninger, S. 1999).

We are dealing with vulnerable adults who are fragile and we have to know the background of the people we are hiring. Criminal background checks, training and education are all important factors in learning a worker's background. If someone comes to a facility and is already trained, it will save money if staff don't have to take the orientation on basic topics again. The workers will always have to learn about the people who live at the facility - that is what the orientation should focus on.

Clifford Poetz, Self Advocate in Opportunities for Excellence, p. 49

In recent years several state studies of direct support workforce factors in the developmental disabilities field have been completed finding a range of turnover rates between 30% and 70% (Lakin, 1981; Braddock & Mitchell, 1992; Larson, Lakin & Bruininks, 1998; Hewitt, Larson & Lakin, 2000; Association of Developmental Disabilities Providers, 2000). Based on the average of a six state sample of programs supporting people with developmental disabilities, the National Core

Indicators project reports a 33.2% turnover rate (NASDDDS & HSRI, 2002). Recent research in Wyoming reports turnover among developmental disabilities waiver providers at 50.2%

(McKee, 2001), New Mexico- 32% to 80% and Illinois experienced a separation rate of 43% in 1997 with 80% of leavers departing during the first year of employment (Glenkirk, 2000). In most studies there is a consistent trend toward higher turnover rates for jobs in residential services which tend to be lower paid than vocational service positions.

Using these rates as a guideline in West Virginia, with 25% of the 5,749 direct support professionals in Mental Retardation/Developmental Disability waiver services turning over annually (a total of 1,437 DSPs) the cost will be at a minimum is 2.9 million dollars at the \$2000 level and 7.1 million at the \$5000 training rate. More precise estimates are not possible because we do not know the turnover rates and there is no data on what it costs in West Virginia to recruit and train new workers.

These rough calculations which are based on the lowest possible turnover rates demonstrate that even reduction of turnover can yield significant savings to the state. These resources could be better used to provide supports for people on the wait list or to pay for some portion of the rising health insurance costs and other benefits for direct support professionals throughout the state.

Effective interventions for improving the recruitment and retention of direct support staff in developmental disabilities have been developed in recent years but are not currently well understood by the majority of community based developmental disability support agencies. It will be critical to deliver this knowledge and build the capacity among West Virginia's employers to use it effectively.

Status of Education and Training

Preparation of developmental disabilities direct support professionals varies throughout the country depending upon state regulations applicable to the program, the nature of the support provided and the resources of the agency providing the training. It is clear; however, that most employer based training (EBT) is built in reaction to regulatory requirements rather than from a common understanding of valid skill and critical knowledge sets for frontline personnel and their supervisors. Moreover, EBT (the most common form of training for entry and mid level direct support professionals), does not typically culminate in a recognized certificate, diploma or other educational award or recognition. These patterns result in training that is repetitive, reactive, poorly planned and often structured to meet minimal standards rather than benchmarks of excellence. Such training is not perceived by the employee as an investment in their career or their future in developmental disabilities and, in this sense, does not work as a benefit to attract or retain employees.

Simply put, it is unfair to expect support staff to master the complex best practices of contemporary community support including person centered practice, ethical problem solving, and empowerment practices, without providing appropriate educational tools to take on such challenges. It is time for us to face the reality that it is also disrespectful to ask people with disabilities and their families to share their lives and dreams as part of a planning process without providing the support necessary to live comfortably and to reach for their dreams.

Marianne Taylor, Parent and Project Director

Educational and training conditions in West Virginia share the same limitations as those described at the national level. Educational and training methods do not typically reflect principles of adult learning or integrate other important and proven educational methods including competency foundations, reflection and interaction, and learner responsibility. There is a marked lack of collaboration of employers around training resources and delivery and little outreach to articulate EBT with secondary and post-secondary levels of education. Through a well designed study, Henry (1994) demonstrated the important connection between training preparation and quality outcomes within a human services environment, as well as the positive impact of a comprehensive, well organized training certificate program on retention and wages.

Many developmental disabilities direct support employees work more than one job, making it difficult for them to participate in professional development opportunities due to constraints on time and money. Any efforts to address training and development must take such factors in to consideration.

Employees want to be part of a “winning team” where their work is respected and their competence is valued and cultivated over time through investments by their employer. To this end, the dollars currently spent on training of direct support staff in West Virginia are not being used strategically for recruitment and retention.

The conditions described above are partially responsible for the difficulties in recruitment and retention and inefficient use of resources. Improving the current status of training and education is critical to a stronger workforce for a number of reasons. First, employers who offer their staff comprehensive development programs including mentoring, skills certificates and engaging content are more likely to recruit and retain career oriented people who want to make a commitment to developmental disabilities over the long run. Second, improving the skills of direct support professionals can substantially improve quality outcomes and customer satisfaction. Third, the resources currently spent on training and education could have a greater impact on outcomes if used more strategically to shape a professional image and career track for the occupation. Fourth, a well planned educational path can be used to offer career and wage enhancement based on merit accrued through skill and knowledge acquisition vs. how long you’ve been employed.

In summary, making wiser use of education and training resources will improve outcomes, foster a more satisfied workforce and provide greater career incentives for job seekers to choose a career in human services.

Wages and Benefits

The profile of wages and benefits is an important factor in the analysis of direct support work conditions. Major studies have shown that while wage is not the only factor affecting commitment to stay on the job, it is an important consideration in the decision matrix of whether to stay or move on to new horizons. Nationally, direct support wages have been so low that

approximately 20% of the direct support workforce lives below the poverty line (Ebenstein and Gooler, 1994).

A recent national study indicates that the beginning hourly wage for community developmental disabilities direct support professionals is \$5.50 and tops out at \$7.50 (Polister, Lakin and Prouty, 2004). This study reports that in West Virginia the average wage for all developmental disabilities direct support professionals (regardless of seniority on the job) is \$6.50. This direct support wage is 50% of West Virginia’s average hourly pay for all workers of \$12.93. In other words direct support staff on average make half of what all other wage earners in West Virginia make ranking West Virginia 34th of the 42 states for which these data were reported. Nationally, non-state DSPs make on average 55% of what all other wage earners make.

The average wage of Direct Support Professionals in West Virginia of \$6.50 grew only 29% in the decade from 1989 to 2000. This growth rate is significantly less than the national average growth of direct support wages during the same period which was 45%. West Virginia’s DSP wage growth ranks 29th out of the 37 states for which data was available. In dollar amounts, the 29% growth represents an increase of \$1.47 from the 1989 based on the West Virginia average direct support wage of \$5.03/hr in 1989 to the 2000 average of \$6.50 per hour. The table below compares West Virginia’s direct support wage growth to states with similar population densities (a crude indicator of labor supply). While other economic factors are at play, one might argue that states with lower population densities, such as West Virginia, may have comparable experiences with worker supply and demand and similar needs to adjust wages to attract workers. The data indicate that West Virginia’s direct support wage growth is greatly suppressed compared with these other states:

Table 1: Changes in average wages for non-state Direct Support Professionals, 1989-2000

	Population Density per sq. mile 1990	Average non state DSP wage 1989	Average non state wage 2000	Average increase	Average % increase
Alabama	79.6	\$4.63	\$7.43	\$2.80	60.5%
Missouri	74.3	\$5.41	\$10.04	\$4.63	86.0%
Washington	73.1	\$6.02	\$9.76	\$3.74	62.1%
West Virginia	74.5	\$5.03	\$6.50	\$1.47	29.2%
U.S. Avg.		\$5.99	\$8.68	\$2.69	44.9%

Due to their lower incomes, direct support employees may qualify for programs that are designed to support people with low to moderate incomes such as food stamps, affordable housing programs, the earned income tax credit or child care credit. Direct-care workers and those who employ them should know about the earned income tax credit, since many workers qualify and are not yet receiving it. The earned income tax credit is for people of low to moderate income, which includes single earners with one child and an income of \$29,200 or less and those with

two or more children and an income of less than \$33,178. Recipients may be reimbursed more than \$4,000 and may be eligible to receive this retroactively if they have not claimed it in previously eligible years.

Employers should be encouraged to help stabilize the lives of their staff, for example, by helping to identify resources for affordable housing, child care assistance, and transportation. Assisting in arranging for employee supports, often available by partnering with nonprofit and community-based organizations can be undertaken in a "case management" like approach as a human resources responsibility. Such an individual-by-individual system of support recognizes both the multiple challenges of low-income workers' lives and the difficulties of their everyday, on-the-job responsibilities

Although specific data on benefits is not presently available for West Virginia or the country as a whole, anecdotal evidence points to a rise in the cost of health care benefits causing some employers to reduce coverage or reduce other areas of benefit to cover the cost of health care. Many small to mid-sized agencies are under capitalized and rates are established using retrospective formulas. These factors make it difficult to ride out sudden and significant increases in costs that were not projected.

Vision and Strategies: The Strong Communities – Strong Support Agenda 2010

The vision of the West Virginia Developmental Disabilities Workforce Development Team is that by 2010, people with developmental disabilities in communities throughout West Virginia will have enough highly trained direct support staff to make their dreams of full participation and self-determination a reality. This means that no person or family who has been allocated resources for necessary supports should have to put their daily plans -- or their life dreams on hold because the respite worker did not show up. While there will always be daily challenges for people with disabilities to meet, the failure to obtain necessary supports when financial resources are available to pay for them should not be one of them.

The West Virginia Developmental Disabilities Workforce Development Team was convened to pursue in-depth dialogue on strengthening the direct support developmental disabilities workforce with the goal of building consensus on the most important directions to take in the next five years. The preceding brief review of current workforce conditions, including the turmoil people and dedicated co-workers experience as direct support employees come and go, the growing demand for new workers, and the competition in the service sector for a dwindling labor supply suggest that the mission of planning for a stronger developmental disabilities workforce is both important and urgent!

The recommendations in this plan for West Virginia were modelled on current strategies that are known to improve workforce conditions. They include a pool of interventions ranging from finding and welcoming new employees, improving organizational management practices, strengthening training and education, and focusing on career paths,

The vision and interventions discussed in this plan should be considered a starting point with much room for improvement and revision as others join the dialogue and mission to build a stronger developmental disabilities direct support workforce. The recommendations that follow have been organized into several goal clusters to assure a thorough understanding and response to the tasks before us. In some cases the shorter term recommendations lay the groundwork for longer term goals and so may appear slightly repetitive. These clusters include:

1. Promoting Self-Determination
2. Improving the Recruitment and Retention of Direct Support Staff
3. Promoting Career and Educational Development, and Leadership within Direct Support and Human Services
4. Enhancing the Profile and Professional Recognition of Direct Support and Human Services
5. Facilitating System-Wide Reforms and Partnerships to Strengthen the Developmental Disabilities Workforce

The crucial tasks we face to improve the workforce in these broad goal areas have been organized as longer term and shorter term recommendations to improve the health of the developmental disabilities direct support workforce.

Promoting Self Determination

People with developmental disabilities and others with human services needs have the right and responsibility to determine the course of their own lives. Direct support staff are critical to achieving this outcome and must understand and embrace this philosophy and develop the skills to be an effective partner in this process.

Additionally, direct support professionals and people with developmental disabilities are partners in the effort to move toward desired outcomes and share a mutual concern with the quality and stability of the direct support workforce. Consumers and families deserve information about the quality and stability of the direct support workforce to make informed choices about the support options available to them.

Any effort to improve the developmental disabilities workforce must address strategies that will help them understand and facilitate actions and outcomes based on the desires and choices of those they support. Currently, there is a lack of training on values issues including the concepts of self-determination and empowerment. There is also a lack of training on strategies to support people in participating meaningfully in their communities. For some time there has been a serious disconnect between what people with developmental disabilities want for themselves and what people who are hired to support them are doing. These recommendations are intended to narrow this gap.

Long Term Recommendations: (within 5 years)

1. Assure that a significant number (50-80%) of direct support professionals receive comprehensive, quality training and are skilled in:
 - a. Effectively communicating with consumers and listening carefully to their preferences.
 - b. Performing with understanding and sensitivity to issues of diversity.
 - c. Assisting people with developmental disabilities in making responsible choices and determining the course of their lives.
2. Broaden the use of person-centered planning approaches and assure that direct support professionals are trained and skilled in person-centered approaches to planning and support.
3. Use practice guidelines that strengthen the role of the direct support worker, are nationally validated and promote self-determination.
4. Increase consumer access to assistive technology and alternative communication methods and assure Direct Support Professionals are able to advocate for and support the use of these technologies.
5. Provide accessible information to persons with disabilities and their families about the quality and stability of the workforce. Local and state level information should include reports on retention and vacancy rates, funding allocated for training and the numbers and locations of staff who have received professional skills certification.

Short Term Recommendations: (within 2 years)

1. Prepare direct support professionals to promote self advocacy and to support networks of self advocates.
2. Prepare direct support professionals to facilitate peer mentoring and assist in developing relationships among self advocates.
3. Involve consumers, families and direct support professionals in statewide and local committees concerned with strengthening the direct support workforce and strengthening the partnership between direct support professionals and consumers.
4. Use the Direct Support Foundations curriculum to assure that at least 20% of direct support employees receive critical training in participant empowerment, self-determination and person-centered approaches.

Improving the Recruitment & Retention of Direct Support Professionals:

The currently unacceptable levels of vacancy and turnover in direct support roles will intensify as human service demand increases for the foreseeable future. Immediate and strategic actions are necessary to assure that direct support is there when it's needed. The current consensus among leaders of community based human service providers is that the difficulty in recruiting

and retaining a quality direct support workforce is a crisis and is eroding the quality of support rendered throughout the system. The ensuing recommendations form one focus in a multi-pronged attack on this problem.

Long Term Recommendations: (within 5 years)

1. Lower turnover rates by 20% state-wide.
2. Lower vacancy rates by 5% state-wide.
3. Develop consistent state-wide methods for tracking key indicators of workforce stability such as vacancy and turnover rates. Make this information public and available to all stakeholders.
4. Provide sufficient technical assistance to assure that a significant number (75%) of developmental disabilities employers are using effective recruitment and retention strategies.
5. Train a significant number (75%) of Direct Support Professional Supervisors in effective supervision and other retention practices.
6. Provide incentives to employers that succeed in reducing turnover and vacancy rates.

Short Term Recommendations: (within 2 years)

1. Determine the impact of high turnover and vacancy rates on the lives of people with developmental disabilities and their families including the quality and sufficiency of support.
2. Identify the fiscal cost of a destabilized direct support workforce and the potential return on investment with improved retention.
3. Develop and implement a marketing plan to promote career opportunities within the direct support occupation and within developmental disability industry.
 - 3.1. Benchmark, as appropriate for West Virginia, successful marketing efforts in Massachusetts (Rewarding Work Campaign), Connecticut and elsewhere
 - 3.2. Develop marketing materials or customize existing materials
 - 3.3. Target non-traditional labor pools (retirees, college students) for recruitment
4. Develop or customize existing “Realistic Job Preview” materials and other screening tools to reduce the rate of premature termination by assuring better candidate-job fit.
5. Develop a demonstration project involving a small number of employers in building capacity to use high performance recruitment and retention interventions.
6. Develop a demonstration project focusing on building capacity for effective supervision.
7. Create partnerships with 1 Stop Career Centers and other potential employee referral sites to raise awareness of careers in developmental disabilities services and seek applicant referrals.

Promoting Career and Educational Development

The relationship between staff training and education and worker competence has been well noted (Harris & Maloney, 1999). Additionally, educational programs that are aligned with career growth and advancement have the potential of increasing employee tenure and fostering satisfaction and commitment (Clubok, 1999). For these reasons, educational and training programs are emerging as another strategy to strengthen the human services workforce.

Using educational programs strategically and integrating them with appropriate incentives including career advancement, wage advancement and bonuses, role redefinition and the like (within the direct support role) is in its infancy. Most states establish minimum training requirements for these positions but until recently employers did little to create sequenced, relevant learning programs culminating in valued awards such as certificates or diplomas. This is changing as more public and private human service providers recognize that educational programs are necessary for program quality and offer advantages to recruitment and retention goals

Long Term Recommendations: (within 5 years)

1. Create and implement a multi-tiered professional skills certificate program framework that builds upon and expands the current West Virginia Certificate in direct support practice and brings it to scale in all regions of the state.
2. Provide opportunities for skills certificates in specialized areas of direct support practice including such content areas as: supervision; skills mentoring; person centered planning and positive behaviour supports.
3. Establish state apprenticeship standards for Direct Support that are consistent with the skills certificate framework described in recommendation number one and with the national U.S. Department of Labor apprenticeship standards for “Direct Support Specialist”.
4. Partner with other sectors of the long term support system to coordinate education and training efforts.
5. Align performance appraisal and career advancement opportunities with educational achievement.
6. Establish regional educational-training consortia in each region of the state to organize and offer professional skills certificates aligned with the West Virginia professional skills certificate framework.
7. Maintain a data base of certificates achieved by direct support staff.
8. Link the West Virginia Direct Support Certificate program with relevant two and four year post-secondary programs to arrange for college credits for relevant portions of credential achievement and articulate educational pathways.
9. Make the College of Direct Support (a high quality internet based program of direct support education) available to all direct support professionals throughout the state.
10. Work with community colleges, technical institutes, and other labor and training resources to assure availability of basic skills training for new and incumbent direct support workers.

Short Term Recommendations: (within 2 years)

1. Create linkages to secondary and post-secondary educational programs with the long term goal of articulating professional skills certificate preparation with educational and degree programs.
2. Create partnerships with 1 Stop Career Centers, Regional Employment Boards, and State Bureau of Employment Services to identify candidates for certificate programs and to develop resources for new and incumbent worker training.
3. Identify resources to pilot, evaluate and refine the West Virginia Direct Support Foundation Skills Certificate Program including utilization of the College of Direct Support.

4. Facilitate employer and worker access to incumbent and new worker training dollars and other resources available through the West Virginia Bureau of Employment Services.
5. State wide recognition of certification for Administration of Medication Assistance Program that would contribute to requirements for the West Virginia Direct Support Certification Program.

Recognition: Enhancing the Status of the Direct Support Role and the field of Developmental Disabilities

The developmental disabilities field and the people who provide direct support in developmental disabilities are poorly recognized and undervalued by people both within the industry and outside of it. This makes it more difficult to attract people to the field and to interest educators, 1 Stop Career Centers, and others in building programs to prepare people for work in the area of developmental disability services and to direct them to employment in the field.

West Virginia is greatly enriched by the people who work in developmental disabilities in every community throughout our state. It is important to develop ways to acknowledge and respect the roles and contributions of direct support professionals and offer opportunities for them to share their knowledge and understanding with others. The plan seeks to offer opportunities that will recognize and celebrate the work of direct support professionals.

It is also critical to promote the developmental disability field as a career that offers multiple rewarding and sustaining career paths and work to assure that the field achieves a positive and important profile within the economic, educational and workforce policies and practices of West Virginia.

Long Term Recommendations: (within 5 years)

1. Develop a public relations campaign to raise and enhance the profile of the direct support role and the field of developmental disabilities.
2. Establish an annual conference for Direct Support Professionals that is planned and organized by Direct Support Professionals with support from others.
3. Promote professionalism within the direct support role in all educational, training, administrative and policy approaches throughout the state.
4. Offer incentives/awards to employers who recognize professional status of DSPs in job titles, wages and career opportunities.
5. Create an industry advocacy presence in forums that create policy and disseminate resources for workforce development in West Virginia including the West Virginia Bureau of Employment Services, the Regional Employment Boards, and 1-Stop Career Centers.

Short Term Recommendations: (within 2 years)

1. Establish a state chapter of the National Alliance For Direct Support Professionals.

2. Conduct a grass roots outreach campaign to encourage employers to sign the “Moving Mountains Direct Support Workforce Commitment.
3. Educate consumers and the community on the role and contributions of DSP’s.
4. Obtain legislation or a declaration from the governor to establish an annual state-wide direct support recognition day and awards ceremony.
5. Create expectations and incentives for Direct Support participation in interdisciplinary team planning and review meetings.
6. Create opportunities for greater participation of Direct Support Professionals in the mission and management of their organization.
7. Develop 100 ways to say “good job” to direct support professionals in West Virginia.
8. Develop promotional materials for educators and students at the secondary and post-secondary level.
9. Encourage partnerships of direct support professionals and a person s/he supports to speak publicly in conferences and community forums about their partnership, what they have learned and how it contributes to the strength of the community.

Creating System Wide Changes to Strengthen the Developmental Disability Direct Support Workforce

Outside of families, government is the primary funder of support for people with developmental disabilities in West Virginia and across the country. Due to its extensive role in funding these crucial supports, governmental and public systems must play a pivotal role in the effort to secure a well trained direct support professional workforce. Other key actors are the private, community based agencies that, as the employers of direct support professionals, are the primary providers (after families) of supports. Through their contracts with state government, these organizations forge a covenant to assist people with developmental disabilities to live, work, and enjoy life in West Virginia’s communities. For this reason, provider agencies and their associations also have a significant responsibility in forging a better future for their employees and the people they support. Together, it is the shared responsibility of all stakeholders to meet the promise of quality community support that people with developmental disabilities rely upon to remain safe and to grow in their personal and professional lives.

It will take everyone’s work and commitment to assure the quality that everyone wants. The problems the developmental disabilities system faces are formidable and will not yield without careful and systematic interventions.

Long Term: (within 5 years):

1. Develop a systematic mentoring experience for new direct support professionals.
2. Provide leadership and participation opportunities for direct support professionals within organizational decision making bodies and policy forums throughout the state.

3. Create a *Direct Support Education-Training Trust Fund* for direct support professionals that can be used to develop resources for curriculum development, tuition, materials and other resources necessary to sustain professional skill advancement through skill certification and to offer other higher education opportunities to direct support professionals.
4. Provide incentives for employers who develop an organizational culture that recognizes and values direct support through good wages, good educational programs and opportunities for career advancement, leadership and participatory management.
5. Partner with progressive legislators/ and or policy makers to create wage and benefit mechanisms that will improve the quality of life for direct support professionals.
6. Identify resources to systematically implement strategies of this plan.
7. Seek partnerships and resources through Federal Systems Change Grants and other federal grants to address the concerns addressed in this plan.
8. Provide a fiscal bonus or wage incentive program for direct support staff who complete specific educational and practice requirements.
9. Analyze methods of providing attractive benefit packages to direct support employees that can help off-set the lower salaries the field offers.
10. Facilitate collaboration among developmental disabilities employers and employees to foster joint educational and professional development experiences for employees.

Short term: (within 2 years)

1. Continue the ongoing activity of the West Virginia Developmental Disabilities Workforce Development Team and involve DSPs, consumers and families as stakeholders in this group with the following activities:
 - 1.1. Disseminate the *Strong Communities – Strong Support Workforce Development Plan* and other outcomes of the West Virginia Developmental Disabilities Workforce Development Team
 - 1.2. Convene a State Summit meeting to discuss and update the plan, and organize priorities and action steps
 - 1.3. Benchmark practices within West Virginia and in other states that can provide models and guidance for strategies outlined in this plan
2. Develop state-wide recognition and conference events for direct support staff.
3. Participate in the state team that will be organized for the “One Vision – Many Voices” 2005 Disability Summit to carry the torch for direct support professionals.
4. Develop an employer’s resource guide to assisting employees in connecting with needed resources such as child care, housing and other programs designed for people with low and moderate incomes.

It is our firm belief that if we take these steps we will be assuring stronger communities in the future for West Virginia

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APPENDIX A

Table of Short Term Growth Projections of Community Based Human Services and Health Occupations in West Virginia ⁵

⁵ In this table we excluded occupations that were delivered in corrections facilities or acute care medical or behavioral health settings.

West Virginia Short Term Occupational Projections 2001-2003

Note on Short Term Projections: Short-term occupational projections can differ significantly from long-term occupational projections for various reasons. Long-term projections span a ten-year period and emphasize general trends of growth or decline. Short-term projections span two-year time frames and attempt to capture economic fluctuations resulting from layoffs, mergers, and irregular business cycles.

SOC	Occupation	Current 2001	Projected 2003	Average Annual Openings			Growth
				Growth	Replacement	Total	Rate
00-0000	Total, All Occupations	770,188	777,782	3,797	19,601	23,398	0.49%
11-9111	Medical and Health Services Managers	1,731	1,796	33	26	59	1.88%
11-9151	Social and Community Service Managers	1,416	1,467	26	24	49	1.80%
11-9199	Managers, All Other	2,753	2,757	2	42	44	0.07%
21-1011	Substance Abuse and Behavioral Disorder Counselors	146	151	3	3	5	1.71%
21-1012	Educational, Vocational, and School Counselors	1,080	1,122	21	18	39	1.94%
21-1013	Marriage and Family Therapists	49	52	2	1	3	3.06%
21-1014	Mental Health Counselors	488	503	8	8	16	1.54%
21-1015	Rehabilitation Counselors	424	443	10	7	17	2.24%
21-1021	Child, Family, and School Social Workers	2,453	2,593	70	22	92	2.85%
21-1022	Medical and Public Health Social Workers	786	821	18	7	25	2.23%
21-1023	Mental Health and Substance Abuse Social Workers	1,093	1,153	30	10	40	2.74%

West Virginia Short Term Occupational Projections 2001-2003

Note on Short Term Projections: Short-term occupational projections can differ significantly from long-term occupational projections for various reasons. Long-term projections span a ten-year period and emphasize general trends of growth or decline. Short-term projections span two-year time frames and attempt to capture economic fluctuations resulting from layoffs, mergers, and irregular business cycles.

21-1092	Probation Officers and Correctional Treatment Specialists	242	259	9	3	12	3.51%
21-1093	Social and Developmental disability Assistants	2,610	2,879	135	32	167	5.15%
25-2042	Special Education Teachers, Middle School	1,030	1,059	15	10	24	1.41%
25-2043	Special Education Teachers, Secondary School	1,070	1,100	15	10	25	1.40%
25-9041	Teacher Assistants	4,531	4,664	67	84	150	1.47%
29-1122	Occupational Therapists	350	365	8	8	16	2.14%
29-1123	Physical Therapists	1,200	1,240	20	28	48	1.67%
29-1127	Speech-Language Pathologists	468	491	12	11	23	2.46%
29-2053	Psychiatric Technicians	188	185	0	5	5	-0.80%
29-2061	Licensed Practical and Licensed Vocational Nurses	7,160	7,247	44	174	218	0.61%
31-1011	Home Health Aides	4,561	4,905	172	53	225	3.77%
31-1012	Nursing Aides, Orderlies, and Attendants	10,326	10,459	67	119	186	0.64%
31-1013	Psychiatric Aides	672	676	2	8	10	0.30%
31-2011	Occupational Therapist Assistants	84	87	2	3	4	1.79%

West Virginia Short Term Occupational Projections 2001-2003

Note on Short Term Projections: Short-term occupational projections can differ significantly from long-term occupational projections for various reasons. Long-term projections span a ten-year period and emphasize general trends of growth or decline. Short-term projections span two-year time frames and attempt to capture economic fluctuations resulting from layoffs, mergers, and irregular business cycles.

31-2012	Occupational Therapist Aides	79	83	2	3	5	2.53%
31-2021	Physical Therapist Assistants	367	386	10	11	21	2.59%
31-2022	Physical Therapist Aides	483	507	12	15	27	2.48%
31-9099	Healthcare Support Workers, All Other	701	717	8	18	26	1.14%
33-1099	First-Line Supervisors/Managers, Protective Service Workers, All Other	166	171	3	5	8	1.51%
33-9099	Protective Service Workers, All Other	608	641	17	73	90	2.71%
39-1021	First-Line Supervisors/Managers of Personal Service Workers	688	712	12	20	32	1.74%
39-9021	Personal and Home Care Aides	3,903	4,329	213	55	268	5.46%
39-9099	Personal Care and Service Workers, All Other	800	825	13	18	31	1.56%

APPENDIX B

Table of Fifteen Fastest Growing Occupations in West Virginia in this Decade

West Virginia Occupational Projections: 2000 to 2010

Fifteen Fastest Growing Occupations

SOC	Occupation	Employment		Average Annual Openings			Growth
		Current 2000	Projected 2010	Growth	Replacement	Total	Rate
15-1041	Computer Support Specialists	1,110	1,990	88	5	93	7.92%
15-1031	Computer Software Engineers, Applications	870	1,510	65	6	70	7.46%
43-9031	Desktop Publishers	70	130	5	1	7	7.12%
15-1071	Network and Computer Systems Administrators	630	1,010	38	3	40	5.95%
15-1081	Network Systems and Data Communications Analysts	480	740	26	2	28	5.53%
15-1032	Computer Software Engineers, Systems Software	240	370	13	2	15	5.49%
15-1061	Database Administrators	310	460	15	1	17	5.00%
53-1011	Aircraft Cargo Handling Supervisors	50	70	2	1	3	4.79%
15-1099	Computer Specialists, All Other	590	850	26	5	31	4.36%
37-2021	Pest Control Workers	510	730	22	10	32	4.33%
33-3012	Correctional Officers and Jailers	2,020	2,870	85	49	134	4.19%
21-1093	Social and Developmental disability Assistants	2,510	3,510	101	37	138	4.01%
39-9021	Personal and Home Care Aides	3,600	4,990	139	55	194	3.87%
15-1051	Computer Systems Analysts	1,170	1,610	45	10	55	3.84%
11-3021	Computer and Information Systems Managers	1,050	1,430	38	18	55	3.56%